

This Section for Staff Use Only	If approved, online by: _____
Animal's Name: _____	Application Taken By: _____ Date: _____
Comments: _____ _____ _____ _____	
Dog visit: _____ Dog visit: _____ Dog visit: _____ Dog visit: _____ Dog visit: _____	
Landlord Verification: Yes <input type="checkbox"/> No <input type="checkbox"/> Type of verification _____	
Vet Check by _____ Date: _____ Comments: _____ _____	
Approved: <input type="checkbox"/> Denied: <input type="checkbox"/> By: _____ If approved, when will the animal be picked up: _____	
Adoption Fee: \$ _____ S/N Deposit: \$ _____ Donation: \$ _____ = \$ _____ Cash <input type="checkbox"/> or <input type="checkbox"/> Check # _____	

ADOPTION QUESTIONNAIRE – To be completed by applicant.

In order to be considered for an adoption you must:

√ Be 21 years of age or older; √ Have the knowledge and consent of all adults living in your household; √ Have your landlord's consent to bring an animal onto the property; √ You must agree to and execute an Adoption Contract; √ Dog adoptions require several visits with the dog; √ You must have verifiable identification; √ Understand that **Mansfield Animal Shelter has the right to deny your application.**

Please **PRINT** Clearly Dog Applied for: _____

1. Name: _____

Email Address: _____

Street Address: _____ Town/City: _____

State: _____ Zip _____ How Long Have You Lived at this Address: _____

Phones: Home: _____ Cell _____

Occupation: _____ Employer: _____

2. Do you: Own Rent* House Condominium Apartment (* If renting, you will need to bring written landlord's permission to have a dog.)

Do you live with: Parents Roommates Spouse Other _____

3. List pets owned **now and in the past** (most recent first).

Type (cat, dog)	Pet's Name	Sex	Age	Spayed / Neutered	Where is pet now?	Comments

Additional pet comments: _____

4. Name of veterinary clinic you used most recently for vaccines: _____

Town: _____ Phone: _____ Are your pets up to date with vaccinations at that clinic? _____

Under whose name, if not yours, is the animal registered at that clinic? _____

Please see reverse side.

5. Have you ever *applied* to adopt a shelter animal before? Yes No Cat Dog Name: _____
Where? _____ When? _____

6. Have you ever *adopted* a shelter animal before? Yes No Cat Dog Name: _____
Where? _____ When? _____

7. Have you ever *surrendered* an animal to a shelter? Yes No Cat / Dog Name: _____
If yes, where? _____ When? _____
Reason for surrender? _____

8. How did you hear about the Mansfield Animal Shelter? Knew of Shelter Friend/Word of Mouth Newsletter
 Petfinder web site Mansfield Shelter web site Newspaper Other _____

9. Why do you want to adopt this animal? Companion Guard dog Gift Companion for another pet Hunting
 To breed Personal protection For Children Other: _____

10. How many adults are in your family or house? _____ Children? _____ Children's ages? _____
Does any member of your family have any allergies to animals? Yes No

Which member of your family will take primary responsibility for:

Feeding _____
Exercise _____

Training _____
General Care _____

11. Is someone home during the day? Yes No Who? _____
How many hours will this pet be alone per day? _____ Where will the pet be kept during the day? _____
Where will the pet be kept at night? _____
Where will the pet be kept when left alone? _____

Do you plan to tie or chain the pet at any time? Yes No
If yes, please explain how and how often: _____

12. How do you intend to deal with:

DOGS:

Housebreaking: _____
Barking: _____
Chewing: _____
Digging: _____
Fence jumping: _____

13. Do you travel a lot? Yes No Who will care for your pet when you are away on vacation, business, emergency, other? _____

If you move in the future, what will you do with your pet? _____

If you move into a building that does not allow pets, what will you do with your pet? _____

14. Are you familiar with the local animal dog ordinances? Yes No
What type of identification do you plan to place on your dog? _____

15. How much do you anticipate spending yearly to feed, vaccinate, register (license), and provide medical care for your pet? _____

16. If applicable, do you plan to spay or neuter you new pet? Yes No Not Applicable
Please explain why or why not: _____

17. Dogs often live more than 15 years. Are you ready to take responsibility for the pet's entire life? Yes No

18. Will you allow an adoption counselor to visit you and your new pet at home, with notification? Yes No

19. By signing below, I certify that the information I have given is true, and that I recognize that any misrepresentation of facts could prevent me from adopting a pet. **I understand that the Mansfield Animal Shelter has the right to deny my request to adopt an animal,** and I authorize investigation of all statements in this application.

20. Signature: _____ Date: _____

If false or misleading information is given on this application, we reserve the right to take back the animal.